

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Docket No.	M1059.70000US01
	First Named Inventor or Application Identifier	
	Fred G. Bentley, III	
	Express Mail Label No.	EV 292569553 US
	Date of Deposit	October 20, 2003

03945 U.S. PTO
 10/20/03

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total pages 29] 25 - pages description 1 - pages abstract 3 - pages claims 16 - Total claims 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 24] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal [Total drawings 24] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). If 5b is checked the entire disclosure of prior applications, Serial No. <u>10/005,643</u> from which an oath or declaration is supplied, is considered as part of the disclosure of the accompanying application as is hereby incorporated by reference therein. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. 6. <input checked="" type="checkbox"/> Application Data Sheet, See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers/cover sheet & documents(s) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation of Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure Statement PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) 17. <input type="checkbox"/> Other:

18. NOTE TO PRACTITIONERS: If a CONTINUING APPLICATION, supply the requisite priority or continuity information in (1) the body of the application, or in a preliminary amendment, and (2) in an Application Data Sheet under 37 CFR 1.76.

19. CORRESPONDENCE ADDRESS

Correspondence address below

CUSTOMER NUMBER:
23628

OR (do NOT use both)

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	
20. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	William R. McClellan, Reg. No. 29,409				
SIGNATURE	<i>William R. McClellan</i>				
DATE	October 20, 2003				

02570 U.S. PRO
10/20/03

Express Mail Label No. EV 292559553 US
Date of Deposit: October 20, 2003

Docket No. M1059.70000US01

Inventor(s): Fred G. Benkley, III

Serial No: Not yet assigned

Confirmation No.:

Filed: Herewith

For: SWMPED APERTURE CAPACITIVE FINGERPRINT
SENSING SYSTEMS AND METHODS

CHECK BOX, if applicable:

☒ DUPLICATE

Fee Calculation Sheet

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
	TOTAL CLAIMS (37 CFR 1.18(c))	16-20=	0x	\$ 18.00	= \$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.18(b))	1-3=	0 x	\$ 88.00	= \$ 0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d)) +			\$	= \$
				BASIC FEE (37 CFR 1.18(a))	\$ 770.00
	Fee for Petition for Extension of Time (if any)				\$ 0.00
	Other Fees (if any)				\$ 0.00
	Total of above Calculations =				\$ 770.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)				\$ 385.00
	Assignment Recordation Fee (if any)				\$ 0.00
	TOTAL =				\$ 385.00

1. A check in the amount of \$ 385.00 is enclosed.

General Authorization to Charge Deposit Account and General Request for Extension of Time

2. a. ☒ If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ 1.16 or 1.17, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.
- b. ☐ The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ 1.16 or 1.17 or 1.18.
3. If the filing of any paper in this application necessitates an extension of time under 37 CFR §1.136(a), the applicant hereby requests such extension of time. If the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.

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